

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19756

FILED
Apr 26, 2006
Secretary of State

Entity Name: THE RIVER AT LAKE CITY, INC.

Current Principal Place of Business:

548 NORTH MARION AVENUE
LAKE CITY, FL 32056

New Principal Place of Business:

Current Mailing Address:

PO BOX 2226
LAKE CITY, FL 32056

New Mailing Address:

FEI Number: 59-2893228

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAWLINS, JAMES L
629 SW SEBASTIAN CIRCLE
LAKE CITY, FL 32024 US

Name and Address of New Registered Agent:

RAWLINS, JAMES L
1367 EAST DUVAL STREET
LAKE CITY, FL 32055 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

04/26/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RAWLINS, JAMES L
Address: 629 SW SEBASTIAN
City-St-Zip: LAKE CITY, FL 32024

Title: STD () Delete
Name: RAWLINS, NEVA M
Address: 629 SW SEBASTIAN
City-St-Zip: LAKE CITY, FL 32024

Title: D () Delete
Name: WOLF, LINDA R
Address: RT 14 BOX 4091 LOT #6
City-St-Zip: LAKE CITY, FL 32024

Title: D () Delete
Name: WALLACE, PAUL
Address: 434 SW RIDDLE LANE
City-St-Zip: LAKE CITY, FL 32024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RAWLINS, JAMES L
Address: 1367 EAST DUVAL STREET
City-St-Zip: LAKE CITY, FL 32055

Title: STD (X) Change () Addition
Name: RAWLINS, NEVA M
Address: 1367 EAST DUVAL STREET
City-St-Zip: LAKE CITY, FL 32055

Title: D (X) Change () Addition
Name: WOLF, LINDA R
Address: 629 SW SEBASTIAN CIRCLE
City-St-Zip: LAKE CITY, FL 32024

Title: D (X) Change () Addition
Name: WALLACE, PAUL
Address: 268 SW WINDSONG CIRCLE
City-St-Zip: LAKE CITY, FL 32025

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES L RAWLINS

PD

04/26/2006

Electronic Signature of Signing Officer or Director

Date